



New York State and Local Retirement Systems
Governor Smith State Office Building
Albany New York 12244-0001

Police and Fire Membership Application PF 5022

(Rev. 11/00)

INSTRUCTIONS: Please print plainly or type in shaded areas.
Application must be signed and notarized on last page.

Employee: Complete items 1-8 and other applicable sections.

Employer: Complete the important information box and items 9-14.

FOR REGISTRATION NUMBER CALL: (518) 474-3081 or fax the application at (518) 486-4382.

Receipt Stamp

IMPORTANT INFORMATION: Has this person been registered to membership by means of the telephone or fax registration system? ☐ Yes ☐ No (If yes, enter the information given to you in boxes 2-21 below.)

Location Code					Plan Code	Group Code	Date of Membership			Arrears Code	Registration Number						
							Mo.	Day	Yr.								

Employee's Name

Last										First										Middle Initial				
------	--	--	--	--	--	--	--	--	--	-------	--	--	--	--	--	--	--	--	--	----------------	--	--	--	--

Employee's Address (Include Street, Apt. or Unit #, City, State, Zip Code)

2																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3 Date of Birth			Sex 1 2		Plan Code	Social Security Number (See Note at Bottom of Last Page)										Group Code	Date of Membership			DB	Arrears
Month	Day	Year	M	F													Month	Day	Year		
			<input type="checkbox"/>	<input type="checkbox"/>																	

4 I elect to participate in the plan based on earliest retirement at age: 55 ☐ (RQ) 60 ☐ (RR) or Special Plan _____ provided by my employer. If electing Section 384 or 384-d, please complete the appropriate election form on page 3 of this application.

5 Are you currently a member of any other public retirement system? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
If yes, what is the name of the system?										Maiden or Other Name Used					What REGISTRATION NUMBER (If Known)?				

WARNING: If you are now a member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this system. Failure to contact that system could cause loss of the privilege of transferring membership.

6 Have you ever been a member of the New York State Police and Fire Retirement System? <input type="checkbox"/> YES <input type="checkbox"/> NO														
If yes, under what name?										What REGISTRATION NUMBER (If Known)?				

7 Are you receiving or are you about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any Public Entity in the State? <input type="checkbox"/> YES <input type="checkbox"/> NO														
If yes, what is the name of the System?										What REGISTRATION NUMBER or RETIREMENT NUMBER (If Known)?				

List below all previous periods of employment with New York State or any New York State Public Entity (County, City, Town, Village, School District, Public Authority, or Special District). Attach additional sheets if required. Include any military service.

8	Name of Employer	Name of Dept. or Agency	Title of Position	From Mo. Day Year			To Mo. Day Year			Indicate If Permanent or Temporary, and Full or Part Time

Employee Portion
(Also see bottom of reverse side and the following pages)

To be completed by present employer: Indicate if State, or name of Public Entity (County, City, Town, Village, School District, Public Authority, or Special District) by which employed and Department, Division, or Institution.

Employer Name

Employer Telephone Number

9

()

Employer Address (Include Street, City, County, State, Zip Code)

Employer Fax Number

10

()

Present Payroll Title

Basis of Compensation and Rate

11

☐ Annual \$ _____ ☐ Daily \$ _____ ☐ Hourly \$ _____

Enter the Date Relating to Employee's Present Position

12

Date of First Employment

Status

Check each box that applies to this employee's position

Month

Day

Year

☐ Temporary

☐ Part-Time

☐ Provisional

☐ Full-Time

☐ Permanent

Frequency of Payment

13

Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly ☐
Semi-Monthly ☐ Bi-weekly ☐ Weekly ☐ Other ☐ If other specify _____

For Retirement System use only

Date of

Membership _____

Rate/Age 60 _____

Examined _____

Date of

Birth _____

Rate/Sec _____

Checked _____

Age at

Membership _____

14 If you were previously a member of any public retirement system in New York State you may be eligible for tier reinstatement. To apply for tier reinstatement, please complete this section.

FORMER MEMBERSHIP INFORMATION:

PLEASE CHECK THE APPROPRIATE FIRST FORMER RETIREMENT SYSTEM YOU WERE A MEMBER OF:

☐ New York State Teachers' Retirement System

☐ New York City Board of Education Retirement System

☐ New York State and Local Employees' Retirement System

☐ New York City Teachers' Retirement System

☐ New York State and Local Police and Fire Retirement System

☐ New York City Police Pension Fund

☐ New York City Employees' Retirement System

☐ New York City Fire Pension Fund

PLEASE COMPLETE THE FOLLOWING (if known):

Former Registration Number: _____ **Date of Membership:** _____

Former Name (if applicable): _____

Have you received credit for this former membership in any other retirement system? Yes _____ No _____

If Yes, what Retirement System _____

Are you receiving or eligible to receive a retirement allowance based on this service? Yes _____ No _____

Signature _____

Date _____

If this form does not meet your needs, please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary, you should make an interim designation using this form.

Designation of Primary Beneficiary(ies)

I hereby name the following as beneficiary(ies) to receive any death benefit payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

1

Name

☐ Male
☐ Female

Birth Date

Relationship (Check one)
☐ Spouse ☐ Parent ☐ Child ☐ Other

Address

StreetApt. or Unit #

Address

Address

CityStateZip Code

2

Name

☐ Male
☐ Female

Birth Date

Relationship (Check one)
☐ Spouse ☐ Parent ☐ Child ☐ Other

Address

StreetApt. or Unit #

Address

Address

CityStateZip Code

3

Name

☐ Male
☐ Female

Birth Date

Relationship (Check one)
☐ Spouse ☐ Parent ☐ Child ☐ Other

Address

StreetApt. or Unit #

Address

Address

CityStateZip Code

4

Name

☐ Male
☐ Female

Birth Date

Relationship (Check one)
☐ Spouse ☐ Parent ☐ Child ☐ Other

Address

StreetApt. or Unit #

Address

Address

CityStateZip Code

Designation of Contingent Beneficiary(ies)

If all the above named beneficiaries die before I do, any death benefits payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. Furthermore, if I should outlive all these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name hereafter. I reserve the right to change the designation at any time.

1

Name

☐ Male
☐ Female

Birth Date

Relationship (Check one)
☐ Spouse ☐ Parent ☐ Child ☐ Other

Address

StreetApt. or Unit #

Address

Address

CityStateZip Code

2

Name

☐ Male
☐ Female

Birth Date

Relationship (Check one)
☐ Spouse ☐ Parent ☐ Child ☐ Other

Address

StreetApt. or Unit #

Address

Address

CityStateZip Code

3

Name

☐ Male
☐ Female

Birth Date

Relationship (Check one)
☐ Spouse ☐ Parent ☐ Child ☐ Other

Address

StreetApt. or Unit #

Address

Address

CityStateZip Code

4

Name

☐ Male
☐ Female

Birth Date

Relationship (Check one)
☐ Spouse ☐ Parent ☐ Child ☐ Other

Address

StreetApt. or Unit #

Address

Address

CityStateZip Code

You are hereby informed that I desire to become a member of the New York State and Local Police and Fire Retirement System. I consent and agree to any deductions that may be required for retirement contributions to be made from my salary or compensation. I have made my Designation of Beneficiary.

Signature

Date

Acknowledgement

State of New York County of

On this ____ day of _____, 20____

personally appeared_____

to me known and known to me to be the same person described in and who

executed the foregoing instrument, and____he duly acknowledged to me that____

he executed the same.

Notary Public (Please Sign, Affix Stamp and Include Expiration Date)

NOTE: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 311 and 334 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

NOTE: In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The Official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement Systems, Albany, NY 12244-0001; telephone number (518) 486-3184.

INSTRUCTIONS:

You may elect one of these two special plans only if your employer has adopted them. If your employer provides both plans, you must choose only one. Please check with your employer to determine what plan coverage your employer provides. A designation of beneficiary (see last page) must be made regardless of plan coverage.

ELECTION FORM FOR 25 YEAR RETIREMENT PLAN - Section 384

This election to be completed only by firefighters, police or officers of Fire Departments or Police Departments. It must be filed within one year after becoming an officer or member, or within one year after the employer assumes all or part of the additional cost, which ever shall last occur. A member who adopts a benefit pursuant to this section may withdraw it only after it has been filed for at least one year.

To the Comptroller of the State of New York:

I hereby elect to contribute under the provisions of Section 384 of the Retirement and Social Security Law which permits retirement upon completion of 25 years of service as an officer or member of an organized Fire Department or organized Police Force or Police Department of any County, City, Town, Village, Fire District or Police District.

Employer _____
Indicate County, City, Town, Village, etc.
Department _____
Payroll Title _____
Signature _____

For Office Use Only

Rate _____

ELECTION FORM FOR 20 YEAR RETIREMENT PLAN - Section 384-d

This election to be completed only by firefighters, police or officers of Fire Departments or Police Departments. It must be filed within one year after becoming an officer or member, or within one year after the employer assumes all or part of the additional costs. A member who adopts a benefit pursuant to this section may withdraw it only after it has been filed for at least one year.

IMPORTANT NOTICE: Every member participating on the basis of this section shall be separated from the service on the last day of the calendar month next succeeding the calendar month in which (s)he attains age sixty-two.

To the Comptroller of the State of New York:

I hereby elect to contribute under the provisions of Section 384-d of the Retirement and Social Security Law which permits retirement upon completion of 20 years of creditable service as an officer or member of an organized Fire Department or organized Police Force or Police Department of any County, City, Town, Village, Fire District or Police District. I also hereby withdraw any previous election including any under the provisions of Sec. 84 or Sec. 384.

Employer _____
Indicate County, City, Town, Village, etc.
Department _____
Payroll Title _____
Signature _____

For Office Use Only

Rate _____